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ABSTRACT

Until recently there has been little effort to train parents in specific positive skills of child-rearing. For most parents, parenting is the most difficult job experienced, with the least amount of preparation. This is especially true for high risk parents. A counseling intervention program was implemented for parents to learn improved communication skills when interacting with their children. The program consisted of four meetings per week, held in a playroom and attended by mothers and children. Children ranged in age from 2 to 6 years. Increased interaction time, increased positive interactions, increased positive physical responses, and decreased directives were taught through participation and role modeling. An at-home 5-minute play period each day in which class skills were practiced and recorded by the mothers reinforced the new techniques. A total of 33 parents participated, 11 of whom met the evaluation criteria of attending three of the four meetings. Mothers reported increased interaction time, improved contact time between parent and child, increased positive physical responses, and decreases in directives. Parents suggested that their children's behavior showed some improvement. (A literature survey and references are included.) (ABL)

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A MODEL FOR MOTHER AND CHILD COUNSELING INTERVENTION

by

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A MODEL FOR MOTHER AND CHILD COUNSELING INTERVENTION

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Descriptors: Counseling New Mothers/ Head Start Programs/ Improved Interaction for Mothers and Children/ Role Modeling Communication Skills for Parents/ Exceptional Children and Parents.

This program was developed by a nurse/counselor to provide four classes for parents to learn improved communication skills when interacting with their child. Increased interaction time, increased positive interactions, increased positive physical responses and decreased directives are taught through participation and role modeling. The child and parent both participate in the classes. An at home 5 minute daily intervention is required, along with a home tally. This program has been implemented both in small groups and individually in the home.

The participating parents reported increased interaction time, improved contact time between parent and child, increased positive physical responses and decreases in directives. In addition, parents suggested that the child's behavior showed some improvement.

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A MODEL FOR MOTHER AND CHILD
COUNSELING INTERVENTION

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STUDY OF THE PROBLEM

The problem that exists not only within this target area but within many communities as a whole is that many mothers and especially mothers of high risk and exceptional children are not receiving education in specific positive child-rearing practices. Often if there is some intervention by medical, social, or psychological personnel, it is only after numerous problems have evolved, patterns have become habits, and relationships and interventions have been strained or become defective.

Until recently there has been little notice or effort in training parents in specific positive skills of child-rearing, utilizing ego-building comments, along with attitudes and body language that help build esteem and self-confidence in both the parent and the child. For some parents these skills seem to "just happen," but we know that for most, good parenting is the hardest job experienced with the least amount of preparation. And for the high risk parents we are talking about, this is especially true.

The importance of a strong and positive mother-child relationship has been recognized for years. John Bowlby (1951) in his now classical book, Maternal Care and Mental Health, states that what is essential for mental health is that the infant and young child should experience a warm,

intimate, and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment. A rich and rewarding relationship with the mother in the early years is believed to underlie the development of character and mental health. Bowlby even then made note that the effects of a broken home or even frequent separations must also be looked at in reference to the disturbed parent-child relationship that may exist. It was cited that anxieties arising from unsatisfactory relationships in early childhood predispose the children to respond in antisocial ways to later stresses.

In spite of the early findings, little has been done at the parental level to aid them in their quest for information until recently. Even now, though, many of the vulnerable parents' needs are not being met within communities.

Optimally, parental training should be initiated before the negative occurrences that often result from lack of knowledge. What exists in many situations is that mothers are not utilizing positive aspects in interaction either quality-wise or quantity-wise. They are having difficulty in obtaining child compliance and these mothers and fathers find problems in initiating new skills and ego building situations. Feelings of inadequate parenting skills evolve when these mothers are then confronted with

the emergence of a child's normal independence at about two years.

Mothers either report or have been observed to utilize negative interactions and the quantity of interactions is minimal or lacking. Generally, these mothers of exceptional children avoid initiating or prompting any new skills while this process is known to develop self-esteem and confidence in the child. Briggs (1975) states that to help the child grow, you "introduce attractive, new experiences as the child seems ready. Gently encourage him into new situations" (p. 114). Mothers report or have been observed to have difficulty in obtaining child compliance to requests and commands. Many mothers feel inadequate or feel a lack of control in child rearing practices, and this group is no different. Another dilemma that both the mother and child face is the emergence of independence in the child about two-years-old, or later depending on individual developmental levels. Often this begins a sustained battle for control between the child and the mother, particularly if the mother is not aware of the child's needs and the healthy implications that arrive with this normal developmental stage.

Several discrepancies have developed in this area. What is happening is that these mothers are at best not enjoying the benefits of a warm and positive relationship that having a child can evoke; while at the worst, the ego development of the child is in jeopardy and the self-

confidence of the parent is affected (Briggs, 1975; Patterson, Chamberlain, & Reid, 1982; Slaughter, 1980). Extra stress is created in the family and relationship. In Olson and McCubbin's (1983) study, families with young children who were classified as low-stress displayed several noteworthy characteristics. Specifically, low-stress families are buffered by the impact of life's stressors by their positive appraisal of the quality of their lives, family strengths, communication, and satisfaction with children, among several other characteristics. It should also be noted that high-stress families emphasized passive appraisal or a fatalistic approach as a major coping strategy for the management of stress. At this point, many of the mothers in this area have this same characteristic, for they see no other options in their choice of child-rearing practices. What is happening is that the options and alternatives that are available are not being introduced and/or not being utilized for maximum benefit to both the mother and child. These mothers should be given the advantage to utilize the best techniques that have emerged in child-rearing practices. The added difficulties that are experienced by this high-risk population in the pursuit of life need not be compounded by the absence of positive child-rearing traits or even worse, the utilization of negative practices.

The difficulties that arise from this problem reflect not only on the individual child and mother, but will extend

to the immediate and extended family, the teachers and schools, and relationships that the child will develop throughout life. Initially there is the lack of enjoyment for both the mother and child. In stressed relationships that are permanent, the outlook can result in avoidance, rejection, or negative communications. At this stage, the support that a parent and child give must be reciprocal. An observation of Urie Bronfenbenner in Curran's (1983) book relates that

> children are the most important source of parental support. Although our culture tends to promote the reverse, both parents and children should serve as support systems and recipients. It isn't a case of the parents doing the supporting and the children doing the receiving but a case of both doing both in strong family systems. (p. 67)

This cybernetic support is something that must be taught to children, and we are finding that often it needs to be taught first to the parent, particularly if indeed the parent has been the product of a non-nurturing family.

Another area where we see the problem of mothers not utilizing positive communication skills emerge is in the child's potential. Communications that are positive and frequent can go a long way in bolstering the self-esteem of a child (Briggs, 1975). We are all familiar with the "over solicitous" parent who attempts to protect his child. These children need positive honest communication so they can learn to accept their limitations as well as their strengths, the same as all children. No child should be praised for a poor performance. Rather than encouraging

the child these conflicting communications establish mistrust. A child always needs support for themselves and their effort, but not necessarily for the outcome. Low self-esteem can factor into relationships and accomplishment that one develops the rest of his life. Bradley, Caldwell and Elardo (cited in Slaughter, 1983) present longitudinal data which concluded that sensitive measures of the infant's early home learning environment provided better predictions of Stanford-Binet scores at 36 months than did socioeconomic status indexes, maternal and paternal years of education, occupation of household head or Bayley scores at 6 and 12 months. Slaughter (1983) states,

> In summary, maternal behaviors appear to affect young children's intellectual development. Children of mothers who are more affectionate, nurturant, accepting, and responsive fare better intellectually than children whose mothers are less so. . . . They provide a more verbally enriched environment for their children, seeking and giving verbal responses, . . ." (p. 6)

As mentioned earlier, the mother and child are not the only ones affected by lack of or inadequate child-rearing practices in communications and interactions. Numerous studies have demonstrated that when interactions of the mother and child improve, generally the interactions of the spouse and other family members improve also (Berkowitz & Graziaano, 1972).

Although one study stated that teachers reported no improvement in child behavior (Patterson, Chamberlain &

Reid, 1982), it is generally agreed that a child who has adequate home relationships will not often prove to be a school disciplinary problem. Each child needs experience to develop self-reliance, and this is best fostered by encouragement and positive interactions. Often we think of respect for parents or authority, as for teachers, as born on obedience based on fear of consequences. Genuine respect and, therefore, compliance is born of admiration and inner conviction. If these traits are not nurtured from the beginning in healthy and democratic families, young children come to rebel (Briggs, 1975). This same principle would apply to relations with others in society in general and, especially, in relations to those concerned with the areas of authority.

The reasons that this problem continues to exist is that often in our society the most needy are not the ones served initially. Often the "whole child" has not been treated, and more often than not the emotional development of many exceptional children has been over-shadowed by the physical care that is uppermost and indeed important.

It appears, then, that the problem is that the mothers are not utilizing positive aspects of child-rearing to interact with their children. Both the quality and the quantity are suffering. These same mothers are having difficulties obtaining child compliance to requests and commands, and are frustrated and fearful when the child exhibits normal developmental patterns of independence.

We find these mothers are unable or unwilling to risk initiating new skills and refrain from positive encouragement in this same area.

Documentation

Professional medical staff, allied professional staff, including nurses, health care workers, and clinic workers along with marriage and family counselors, wholeheartedly supported an apparent need. Probably the group that should be given the most weight concerning these needs should be the mothers themselves.

It appears evident from professionals, allied and interested parties, and most importantly, the mothers themselves, that there is not only a need but an interest in learning about improved child-rearing skills.

Another factor that affects the parenting skills for these mothers is their reliance on role models that are often just as inexperienced in positive child-rearing skills. Young mothers may have attained no further education than their previous generation, and parenting skills that may not be positive may be perpetuated simply because alternatives are not known. Often this same extended family, that has no other operant options, is babysitting for the mother while she is working. Several high school teachers who work with teenage mothers commented on the fact it is so hard to educate the mother while the grandmother retains control of

the child-rearing practices in the home which is often shared by several generations and extended family.

Literature

The topic of child-rearing practices must be treated interdisciplinarily. Literature has sources available from educational, psychological, philosophical, medical, and statistical areas.

Infants begin their development from the moment of birth, and much has been written about bonding. To realize one developmental stage relies on the optimal mastery of those at the previous level will enable one to see the importance of a child's early positive experiences with their mother. Greenspan (1981) states that in assessing a baby's response to attachment one looks to see if the relationship is warm and loving, whether they both experience a broad range of affects from deep pleasure to assertiveness and protest. It is often these initial protests that set in motion parental behaviors that are less than optimal. Attachments and responses optimally are flexible and have some depth, and are not shallow and rigid. Greenspan (1981) also suggests evaluating the range of modalities used by the infant and mother. Ideally, they should include visual, auditory, vocal, and tactile medias. If all are not available, we need to help the parent refocus on the ones available to their child.

Intervention programs developed for children and families have large variations in their focus and approach, but the goals are generally universal. That is, they are aimed at providing the child with the best possible opportunity for optimal development (Bromwich, 1978). Three types of programs historically have proceeded the interactional model. The infant curriculum model concentrates on the infant and the particular skills that are being targeted. Recently most evaluation studies, particularly those in poverty communities, have shown that parents involved in the educational process are more effective than those that do not (Bronfenbrenner, 1974; Gordon, et al., 1975, cited in Bromwich, 1978). The parent therapy model has the parent as the target of intervention. The primary methods used are individual or group counseling and is most often utilized in mental health centers of psychological clinics, especially when the parent exhibits the major problem. Often the mother is helped but this does not necessarily ensure the kinds of mothering and mother-infant interactions that satisfy either the mother or the child. "A feeling of self-confidence and actual competence as a parent are not assured by the absence of personal problems or stresses" (Bromwich, 1978, p. 6). The third model is the Parent Education Model. These models have recently multiplied, and although there is a variety of approaches, the most common ones utilize the didactic teaching approach. It is instructur taught,

although often there will follow parent discussion groups. Occasionally the parent spends time with their own child. This parent-infant model supports the premise that the nature and quality of interactions between parent and infant exercise a major influence on the infant's development. This model then attempts to implement the recent research. It is less utilized, for it by nature, must be more complex and diversified, for it is not focusing on a single element of a system. It cannot be tied entirely to an infant and the assessment of the infant's developmental status, nor can it be exclusively oriented to the parents' feelings. This model, perhaps more than the others, can find its roots in the beginning mother-child relationship. This model also validates the premise of the cybernetic effect that mother and child have on each other.

Eyberg (1982) notes that in previous studies, where the approach focused on restructuring family interaction patterns, whole chains of behavioral improvements were found to follow in the family system. Studies also show that a close mother's supervision and an intimate communication between a child and his father, will afford greater affection between the child and parents. He states that what follows is less delinquency.

Patterson (1980) assumes that parental deficits in child management skills may lead to increases in defective coercive interactions among children and parents. He

believes these changes in the family are brought about by events which seem so innocuous that they are not even recognizable as variables relating to personality development.

> Aversive events are the ubiquitous failure of day-by-day social interactions; it is hypothesized that these events not only alter the mothers' sense of well-being but shape their behavior as well. In this process, each family member serves the dual role of change agent and the one who is being changed. (Patterson, 1980, p. 1)

This same author believes that for most mothers a major source of aversive intrusions arise from interactions with children, and that these mothers use these aversive events so frequently because punishment works so well, and they produce immediate, short-term changes in ongoing behavior. Patterson (1980) contrasts this method to the painfully slow changes brought about by positive reinforcement. Mothers utilizing this behavior are usually reacting to behaviors of other family members. Normal and problem children's behaviors that elicit aversive responses in mothers are negative commands, crying, disapproval, destrustive actions, dependency, noncompliance, ignoring, teasing, whining, yelling, and negativism. Some problem boys performed these behaviors on the average of 0.75 responses per minute, while nonproblem children were at a rate of .031 per minute (Patterson, 1980).

In summary, then, while there are several interactional models that are utilized to treat families, the Parent-Infant Interactional Model implements research

methods by incorporating parent's behavior and infant's behavior into the program. The infant's role in the parent-infant system is emphasized because this role has gained credence in only the last decade (Brazelton, 1973; Kalus & Kennell, 1970). The fact that the reciprocity of effect within the parent-child dyad has become more generally accepted does not detract from the recognition of the powerful influence that parent's feelings, attitudes, and behaviors interplay on the behavior and development of the child (Bromwich, 1978). Optimal maternal care has been described by Clarke-Stewart (1973) in her classical longitudinal study of mother-infant interactions in families from low socioeconomic backgrounds. This involved care was not only loving and non-rejecting, but was stimulating visually and verbally in addition to being responsive to the child's signs of distress and his social behavior. Curran (1983) in a study found that the number one trait present in healthy families was communication and listening. Satir (1972), a renown and effective therapist, states that communication is as a

> hugh umbrella that covers and affects all that goes on between human beings. Once a human being has arrived on this earth, communication is the largest single factor determining what kinds of relationships he makes with others and what happens to him in the world about him. (p. 4)

The Program

This program differs from other programs in several ways. The target population is not just middle-class parents and although these children have not been identified as highly disruptive, these parents often perceive a need for help with child-rearing practices. They generally do not view their child-rearing practices as successful. There are many useful single parent families and teenage mothers.

An at home program along with a small group program were formed so that personalized attention could be available. The program consisted of modeling and direct observation of mother-child behavior, along with immediate feedback and reinforcement. At home practice for five minutes each day was to reinforce the new techniques.

The program consisted of four meetings of one to one and one-half hours each week. There was to be a limit of five mothers who attended along with their respective children for each meeting. The children ranged in age from 2 years to 6 years and the classes were mixed with these various ages. The mother and child met in a playroom where there was some toys for the children and chairs for the mothers, although often the mothers interacted while sitting on the floor with their own child. The author did the evaluation from the same room.

The mothers were instructed as part of the program, to devote a 5 minute play period at home each day with their child where there were no interruptions by others. This time was for fun and the activity was selected by the child. During this time the mother was to practice the skills from that week's class and record on the Home Tally Sheet (Appendix C) the number of occurrences during that 5 minute period each of the listed behaviors. Positive responses as hugs and kisses; negative responses as swats, shaking, ignoring; positive interaction as, "I like it when . . .; negative responses as "You did that wrong . . ."; and directives as "Use the blue block," or "Draw this," were explained and defined. As each lesson was covered in subsequent classes, the parents would be able to see the change in their skills during their practice time. The mothers were also encouraged to add comments on the back of the tally each day. They were to note any major happenings and record if the play session was indicative of the interactions for the rest of the day or if not how they differed. Perhaps the 5 minutes was positive for them but the rest of the day might be the opposite. This part of the program was explained in the first session. The agenda for the first of the 5 meetings was as follows:

Class 1. Open play by mother and child.
Evaluation by author.

Explanation of program.

Explanation of home tally sheets.

Introduction to interactions.

Introduction to role modeling.

Class 2. Introduction of positive interactions.

Positive quality versus negative quality.

Class 3. Introduction of decreased directives and 3 prong approach to discipline.

Class 4. Introduction of positive physical interactions.

Class 5. Wrap up with evaluation.

The individual classes had a format although these were flexible depending on the individual and class needs.

Individual Class

15 minutes 1. Report from home projects

a. Positive areas

b. Problem areas

c. Daily home tallies

15 minutes 2. Review of previous class

Repeat if many problems

15 minutes 3. Introduce new concept

30 minutes 4. Role modeling new concept with child

Practice new concept with child, include feedback

15 minutes 5. Questions and wrap up.

Descriptions of the new concepts were adapted from Eyberg's (1974) Rules and Rationale for Child-Directed Interaction and Parent-Directed Interaction.

In the first meeting, the parents were taught to follow the child's lead by reflective statements, answering the child's questions, describing and praising the child's appropriate behavior, and ignoring inappropriate behavior. Interaction required making descriptive and reflective statements by describing what the child was doing, saying, and feeling. It forced the parent to attend to the child and let him know the parent was interested which builds self-confidence. He learned through positive feedback rather than force. He was not forced to "find the blue one," but could feel accomplished that "you found the blue one." It helped define and clarify a child's thoughts and actions. The basic rule here was to follow both the verbal and nonverbal, not having the parent take command and allowing the child freedom to initiate the activity and talk during the play. From this the child was able to learn to make acceptable decisions. Ignoring deviant behavior began in this lesson also, for criticism can be a reinforcer for inappropriate behavior. The parent in this lesson was taught not to direct the play or talk, question the child, criticize or punish.

The second meeting covered positive interactions. Frequent labeled praise is a statement that indicates approval and specifically what act or quality is being approved. Unlabeled praise is non-specific and includes such phrases as "good," "nice boy," etc. Labeled praise told the child specifically what the parent liked about his or her behavior. Labeled praise not only rewarded the child's behavior but taught them exactly what they could do to receive further praise. Labeled praise could be used as an effective way to enhance children's self esteem, maintain and increase prosocial behavior, and shape behaviors that are not yet occurring at a high enough rate. It could create positive feelings between parent and child and often parents were surprised at just how much positive behavior their child was exhibiting. With positive labeled praise appropriate behavior increases, and deviant behavior necessarily decreases. Parents needed to be warned that behavior that is ignored often gets worse before it decreases, as the child will work hard at getting attention in his customary ways before learning new methods.

Decreased directives included not giving commands in the play session, not asking questions, and not criticizing. In the play session the child was allowed to make choices, and both the parent and child learned to respect his ability while he developed autonomy. Typically questions are indirect commands, and they at least demand a

verbal response. It is difficult not to have a question appear as criticism so avoiding them was often the easiest method. Not demonstrating either physical or verbal criticism allowed the groundwork for more constructive behavior. It also could reduce the negative self-concept in children, and prevent the reaction of anger and counter-attach that is unproductive. Unless a behavior was dangerous or destructive, the parent was taught to ignore it. Parents were taught when directives must be given, they must be given in clear direct commands, without indirect questions as "Would you like . . ." If the child did not comply, the parent did not force, engage in arguments, repeat, or forget about the command. Here a concept by Nelson (1984) was taught to the parents. Utilizing the premise that often children misbehave to gain attention, Nelson does not believe in fostering the sense of abandonment and rejection that often is elicited by punishment with banishment or withdrawal. Instead a 30 second intense scolding utilizing "I" messages was followed by 30 seconds of positive messages that tell the child you will continue to scold him when he misbehaves because you love him. This way the child can expect consistency and love for himself if not his behavior. This consistency and validating of character was then followed by a conclusion statement so the child can relate why he was scolded. The process was followed by a physical sign of affection, as hugging or touching. If the child was demonstrating dangerous or

destructive behavior after this measure, then the parent was instructed in a three pronged approach.

1. One warning, "If you don't . . . you'll have to sit in the chair, be held, etc., utilizing whatever confining measures are appropriate. This confinement is in the proximity of the parent. This was for 1 minute of compliance during which time the parent was to ignore any sounds the child made. If after 1 minute the child acknowledges he is ready to follow the command, he completes the task and there is a neutral acknowledgement, quickly followed by a positive interaction. The rest of the sequence was explained to parents, but it was not practiced in any of the sessions.

2. Then if the child did not comply to the chair, the parent warns him he will be spanked. This is only as a back up punishment to enforce the aversiveness of the chair. The warning occurs only once, and the importance of follow-up is stressed with the parent.

3. If the child leaves the chair the second time, the spanking consists of the parent holding the child face downward squarely across his lap, and two hard swats are given saying, "You got off the chair before I said you could." The child is then returned to the chair for 1 minute of compliance.

Introduction of positive physical interactions was accomplished by response to the child initiated behaviors and also by the parent when utilizing positive interactions.

Positive physical actions were used to enhance a child's self esteem and reinforce the positive interactions.

As the program progressed, several adaptations were implemented. The sessions varied from the original 5 sessions to 4 to accommodate the monthly sequence at the clinic. The agenda for the fourth meeting, an Introduction of Positive Physical Responses, was added to the curriculum the first meeting. This presented no apparent problems.

Sequencing of the material in the first class was also modified. Explanation of the home tally sheets was moved to the last item for that class. This allowed time for questions about the Home Tally which brought about the revision of the tool itself. For example, more descriptive phrases were included under the headings that the mothers were tallying at home in their observation time.

After the first class, an explanation of "play rules" for the time spent together was given to the mothers and children during the first meeting. These rules stated there was no hitting allowed, by child or parent. If a child had a toy, it was his to play with until he set it down, and if another child attempted to take a toy away, the child with the toy was encouraged to "hold on to it" while the second child was dissuaded and removed by an adult if necessary.

The working agenda for the duration of each class was as follows:

Meeting 1. Open play by mother and child.
Get acquainted time.
Explanation of the program and group rules for behavior.
Introduction to interactions.
Introduction to role modeling.
Explanation of home tally sheets.

Meeting 2. Introduction of positive interactions.
Positive quality versus negative quality.

Meeting 3. Introduction of decreased directives and 3 pronged approach to discipline.

Meeting 4. Wrap up with review of series.

The stipulation of five mothers per program was also amended. The first class was canceled due to low response. The second class, a month later and after a newsletter, became over-subscribed; nonetheless, the class was run with the additional members. Attrition was high (figures in Chapter V), so the classes were started with seven or eight parents instead of five, but seven or eight are too many. The parents were often present for three of the four meetings which made the lesson plan difficult to adhere to. Commitment was altered for the full series of meetings, for three mothers from the child abuse center were most anxious for some immediate help in communication skills with their children and were only able to participate

while the shelter provided transportation for three weeks. They would not be able to participate in the following series. They, in fact, were admitted to the second meeting of one class, and were instructed in lessons from the first meeting during the review time.

The children enrolled ranged in age from 2-years-old to 6-years old, as planned. Each mother was to bring one child for the program. This was altered with several of the mothers, for some had very young infants for whom they were unable to get sitters on two occasions. At these times, the infants were brought to the class.

The individual meetings took on an added dimension with each class. After the first meeting, which brought some familiarity with it, parents were eager to work on individual problems and coping skills. Time at the meetings was arranged to accommodate this need. Evaluation of this aspect will follow in the last chapter. The agenda for each meeting was as follows:

15 minutes 1. Report from home interactions.
   a. Positive areas
   b. Problem areas
   c. Daily home tallies

15 minutes 2. Review of previous class.
   Repeat if many problems.

15 minutes 3. Introduce new concept.

15 minutes 4. Role modeling new concept with child. Practice new concept with child with feedback.

15 minutes 5. Individual attention to specific behavioral problems and coping behaviors.

15 minutes 6. Questions and wrap up.

One other adjustment might be necessary in the three pronged discipline approach. In one group the sitting out time was reduced to two minutes instead of three. It was found that in this group three minutes was too long for most of these children, so a two minute sit-out was utilized quite effectively.

Gross revisions were made in the format of two classes offered to the Head Start parents. These classes became open ended, with a revolving attendance. The material was then presented in a less structured manner, and each of the four meetings was a short version of the entire program with variation of the emphasis each time. Each point of the program was repeated again at the subsequent meeting. Some role modeling was performed, but the home written response tool was not returned by anyone from this group. Nonetheless, the five minute interaction time itself was often implemented. The final evaluation tool was patterned for four meetings, which for this group was not presented in sequence, therefore, not applicable. These programs

were considered "work shops" and activities for the mothers and children were presented. Attendance was inconsistent but the participants were enthusiastic and repetitive. With these mentioned modifications, the program proceeded.

Outcome of the Program

Many of these parents believed they had been spending time with their child, but when the 5 minute per day individual time was initiated and practiced each day, they realized that previous time was often at the parent's direction. The children were reported to look forward to "their special" time, and in fact, the parents often did as well.

Mothers demonstrated increased positive verbal responses, and physical responses to their respective child.

The importance of this increase in interaction time, in the positive physical responses and in positive verbal responses is supported by Davis (1984), who states that self-esteem is generated in children by feelings of value and worth. Communicating to children that they belong, are valued and worthwhile, for no other reason than that they exist, is part of this process. Through touch and through tone of voice children are told they are cherished, valued, special, and loved, and through these messages the basis of self-esteem is formed. Healthy families depend on the ability of the parents to communicate messages

of love, trust, and self-worth to each child. Hinkle, Arnold, Croake and Keller (1980) reported on a program that taught democratic family atmosphere and had a calming effect on parents because of an understanding they developed of their children's behavior and knowledge about what to do about it. From the individual interaction time initiated by this program, parents can address this trait.

Virginia Satir (1972) sees communication as a huge umbrella that covers and affects all that goes on between human beings. She states that communication is the single largest factor determining relationships. All communication is learned, she states, and what is learned early will become fixed guides for later use.

According to Curran (1983) in Traits of a Healthy Family, communicating and listening were chosen as the most prominent traits found in healthy families in her survey of 551. She found this was consistent with the findings of the National Study of Family Strengths.

Mothers decreased their directives to their respective child.

Eyeberg (1982) also found that after such a program, mothers gave fewer commands and asked fewer questions. They gave more labeled praise, unlabeled praise, and reflective/descriptive statements after therapy then before. She also found that these mothers gave a higher percentage of clear direct commands, gave fewer opportunities for non-compliance, and issued fewer critical

statements. This would be consistent with this program's findings as evaluated by the mothers.

Mothers perceived a benefit by utilization of the home interaction exercise and home tally tool.

In this program, the 22 parents who did not complete the evaluation tool almost uniformly did engage in the 5 minute home exercise, many of whom handed in the home tally exercise. Reasons given for non-use of the home tally were: "I didn't understand it," "I didn't have time," "I didn't feel it was necessary," and "I forgot it." Those that did utilize the tool found it most helpful as did Hinkle et al. (1980) who stated that the instrument itself can effect parental awareness of children's behavior. In the case of this program, the parents became aware of their own behavior.

All of the objectives were met. This afforded those parents enrolled in the program opportunities to increase their communication skills with their child who accompanied them to the class.

Discussion

A total of 33 parents participated in 1 of the 6 offered classes meeting 4 times each. Only 11 met the criteria of attending 3 of the 4 meetings to be eligible to evaluate the program. Of the remaining 22, most attended 2 meetings with 4 others completing 3 meetings.

These 4 were not present for the last day evaluation. Home visits to mothers has met with even more success.

There were several factors that influenced the attendance of the programs. The schedules of other children in the family, school schedules, arrangements for sick children, and nap time accommodations were some factors. Another big concern for many of the parents was picking up checks and making payments on the first of each month. Court schedules for custody rights and other legalities, arrangements for sitters for other sick children, and transportation needs presented additional obstacles. Difficulty also arose in attempting to arrange programs that would not conflict with previously scheduled day care and preschool classes. A sitter was provided at the clinic for healthy siblings, and this was a major factor in retaining most of the mothers that continued to attend. Most of these mothers had no options for sitters of their own.

The second site for the program was chosen for two classes of Head Start mothers. These mothers were parents of children enrolled in the Head Start program in the target area. The need for this site was not apparent when the program was set up. This new site was even more accessible to these parents. It was also brought to this author's attention that territorial boundaries within the target area dissuaded the use of the previous site, and these mothers felt more comfortable at the second site.

As mentioned earlier, gross adaptations were made in the program for these two series of classes. When it was perceived that a 4 week commitment was not feasible, the Head Start mothers were "invited" to come to the sessions as they were able. The material for the program was discussed in a general format, along with some role modeling. None of these Head Start mothers returned the home tally, although most admitted to trying the 5 minute interaction exercise on occasion. The classes were listed as a Workshop for Parents and they featured "activities to participate in with your child." One of these provided a recipe that the mother and child could prepare. One such recipe was for marshmallow squares. The response to activities such as this was enthusiastic, and most performed the activity at home. Though there were adaptations with respect to scheduling and attendance, the actual program material remained unchanged. The importance of interaction, of positive verbal responses, and of fewer directives remained central to the curriculum in these classes. At each session the entire program was delivered with a different emphasis each week. These parents posed numerous questions and individual coping strategies were devised for specific problems. Many of the Head Start mothers came to 3 of the meetings although none were present at all 4. As mentioned, some practiced the home exercise, but no one returned the home tally sheet. Furthermore, no one met the criteria for the evaluation tool, hence these two

classes are not represented in the evaluation tally. Some of the Head Start mothers were suspicious of questionnaires and feared repercussions from agencies. Despite the lack of recorded evaluations, there were positive results. For example, the author of this program was invited to a private coffee given by these participating Head Start mothers so other mothers in the area could be informed about the program. Two mothers were interested in helping with future classes, and several of the mothers wanted the series to continue through the summer. Two mothers are planning to enroll in child development classes at the junior college and develop subgroups in their own homes. Home visits were pre-scheduled and had fewer problems in the delivery. At home interruptions did occur but generally the program was less influenced.

This program was particularly important to a group of mothers in Head Start. Many were unfamiliar with normal child development stages and responses and often disciplined for normative behavior. Zangwill and Kniskern (1982) found that in 20% of their cases problems seemed to lie more in the parent's expectation of their child rather than in the behavior of the child. Many of the mothers in these two classes admitted to feeling "out of control" with their children. One spanked her 4-year-old son as regularly as every hour. All were single parents and most lived with their respective parents; and often this was cited as part of the problem rather than as

an advantage. The grandmothers often stated they had not let the parents misbehave as their grandchildren were and the parents felt compelled to initiate discipline to appease the grandparents. Most of the mothers present had grown up with frequent spankings and with little parental interaction and they admitted they were unfamiliar with any other method of child-rearing. One mother mentioned that she used frequent spankings because she was afraid the child would embarrass her in public or in front of her family. Another mother, who admitted the physical punishment she was using was the same technique her mother used, was afraid her son would turn out "no good" like her brother. When one mother was asked to name one thing her son did well, she replied, "nothing." One 2-year-old was spanked for wanting to get a drink from a water fountain as his older brother did. Several mothers mentioned having difficulty with their children's frequent temper tantrums. In general, these mothers acknowledged the presence of discipline problems yet were unfamiliar with alternative skills.

Role modeling of the skills helped prepare the parents for home utilization of the new skills. This was validated by verbal response and comments on the daily logs. Nay (1975), found role modeling superior to other training for it allows immediate translation of information into behavioral practice. Flanagan, Adams and Forehand (1979)

found modeling was most effective in transferring performance competence in the home.

By the second and third meeting of the first series, many parents were eager to ask questions regarding specific problems concerning their children. This opportunity was then included in the remaining programs, beginning with the first class. The approach used was, "What specific problem would you like to work on this week?" Specific coping strategies were presented to the parent to try before the next class. No data was kept on the success of these strategies but parents generally felt more successful in their parenting skills as validated by writings in evaluations. Some of the areas covered were night sleep interruptions, whining, temper tantrums, and bottle dependence. In the group sessions, some concerns which led to further private discussions were saved for after the meetings when a few parents lingered; these included conversations of child abuse and concern about a child's observation of parents sexual activity.

It was found the Interview Tool itself could be utilized as a teaching tool to demonstrate to the parents potential improvement areas. These items were discussed in the following classes. A good rapport was needed before weaknesses could be mentioned, but during the individual time it was often mentioned as an area "I know you're concerned about . . ." and followed by some suggestions that could be practiced. Often these areas were specific

to material covered later in the classes, such as a lack of eye contact, lack of attention to child's verbal statements, negative comments, and directives. The role modeling time also gave the author time to suggest that "maybe this would work better for you."

Recommendations

There are several recommendations for replication of future programs. It is suggested that

1. The class material was adequate and primary.
2. Role modeling was an integral part of the success of the program.
3. Attention to individual problems enhanced the parents' individual skills.
4. A variable class format is needed to best meet individual class needs. Consideration of education level, mother-father composite, age of parents, resources, and expertise needs to be considered in the amount of explanation afforded, the rate of delivery and the need for repetition of directions for home exercise and tally.

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